

# APPENDIX A - REFERENCES

PUBLICATION NUMBER	PUBLICATION TITLE	WEB ADDRESS
AMEDDC&S Pamphlet 1-5	Staff and Faculty - International Military Students	Not available at this time.
AMEDDC&S Reg 10-1	Organization and Functions	Not available at this time.
AMEDDC&S Reg 351-19	Testing Procedures and Policies	Located at: <a href="http://www.cs.amedd.army.mil/Regulations/351-19b.html">http://www.cs.amedd.army.mil/Regulations/351-19b.html</a>

The following publications can be found within the following web site: <a href="http://www.army.mil/usapa">www.army.mil/usapa</a> .		
PUBLICATION NUMBER	PUBLICATION TITLE	
AR 12-15	Joint Security Assistance Training (JSAT)	
AR 15-6	Procedures for Investigating Officers and Boards of Officers	
AR 25-400-2	The Modern Army Recordkeeping System (MARKS)	
AR 40-501	Standards of Medical Fitness	
AR 135-200	Active Duty for Missions, Projects, and Training for Reserve Component Soldiers	
AR 145-1	Senior Reserve Officers' Training Corps Program: Organization, Administration and Training	
AR 340-21	The Army Privacy Program	
AR 350-41	Training In Units	
AR 351-1	Individual Military Education and Training	
AR 600-8-24	Officer Transfers and Discharges	
AR 600-9	The Army Weight Control Program	
AR 600-105	Aviation Service of Rated Army Officers	
AR 600-106	Flying Status for Nonrated Army Aviation Personnel	
AR 612-201	Initial Entry/Prior Service Trainer Support (RCS MILPC-17 (R1))	
AR 614-200	Enlisted Assignments and Utilization Management	

PUBLICATION NUMBER	PUBLICATION TITLE
AR 616-110	Selection, Training, Utilization, and Career Guidance for Army Medical Corps Officers as Flight Surgeons
AR 621-5	Army Continuing Education System (ACES)
AR 623-1	Academic Evaluation Reporting System
AR 635-40	Physical Evaluation for Retention, Retirement, or Separation
AR 635-200	Enlisted Personnel
DA Pamphlet 351-4	U.S. Army Formal Schools Catalog
DA Pamphlet 611-21	Military Occupational Classification and Structure

The following publications can be found within the following web site:  
[www.dtic.mil/whs/directives](http://www.dtic.mil/whs/directives).

PUBLICATION NUMBER	PUBLICATION TITLE
DODD 5500.7-R	Standards of Conduct
DODD 6490.1	Mental Health Evaluations of Members of the Armed Forces

The following publications can be found within the following web site:  
[www.adtdl.army.mil/atdls.htm](http://www.adtdl.army.mil/atdls.htm).

PUBLICATION NUMBER	PUBLICATION TITLE
FM 21-20	Physical Fitness Training
FM 22-100	Army Leadership

The following publications can be found within the following web site:  
[www.tradoc.army.mil/pubs/regndx.htm](http://www.tradoc.army.mil/pubs/regndx.htm).

PUBLICATION NUMBER	PUBLICATION TITLE
TRADOC Reg 350-6	Enlisted Initial Entry Training (IET) Policies and Administration
TRADOC Reg 350-10	Institutional Leader Training and Education
TRADOC Reg 350-18	The Army School System (TASS)

**APPENDIX B - ATRRS STATUS/REASON CODE VERIFICATION**

STATUS CODE VERIFICATION		
STATUS	REASON DEFINITION	REASON CODE
C	Cancelled Reservation	No
D	Discharged From The Army	Yes
G	Graduate, Successfully Completed Class	No
H	Hold (Showed, Did Not Start, Did Not Graduate)	No
I	New Input	No
J	Retrainee In, From Another Course of Instruction	No
K	Retrainee Out, To Another Course of Instruction	Yes
L*	Recycle Out, To Another Class, Same Course	Yes
M	MEP Reservation	No
N	No Show	No
Q*	Recycle In, From Another Class, Same Course	No
R	Valid Reservation	No
U	Showed, But Unqualified to Begin Training	Yes
W	Waiting for Reservation	No
Z	Other Nonsuccessful Completion	Yes

\* #L and #Q are applicable to new start students as well as recycles.

REASON CODE VERIFICATION	
REASON	DEFINITION
+	AIT/OSUT Complete (ENTNAC results not received)
\$	Training Previously Completed
%	Does Not Meet Course Prerequisites
#	In AIT/OSUT - ENTNAC results not received
=	Security Clearance other than ENTNAC not received
A	Comprehensive/Academic
B	Physical Fitness (Remedial Training-APFT)
C	Motivational
D	Leadership Skills
E	English Language Competency
F	Medical Separations (IAW AR 635-200/AR 635-40)
G	Does Not Meet Weight Control Standards IAW AR 600-9
	Accelerated in Training
I	Leave, Emergency
J	Medical (Temporary Medical Hold/Nondeployable)
K	Disciplinary/Misconduct
L	Compassionate/Dependency/Hardship
M	Airborne Hold
N	Unit Recall
O	Erroneous Enrollment
P	Hospitalization
Q	Confinement
R	AWOL, Return From
S	Security/Flagged UP AR 600-31
T	Trainee Discharge Program
U	Port Call Pending
V	Personnel Action Pending Not Otherwise Defined
W	AWOL, From Duty To
X	Desertion
Y	DA-Approved Holdover, i.e., Support Base Operations Mission
Z	Other, Not Included in Other Reason Category
1	Drug Abuse
2	Retraining
3	Awaiting Assignment Instructions
4	Follow-on School Start
5	UCMJ-CM Witness
6	Awaiting School Start
7	Reclassification
8	Remedial Training - Academic
9	UCMJ - Respondent

## APPENDIX C - AMEDDC&amp;S &amp; FSH FORM 29, RECOMMENDATION FOR STUDENT ACTION

**RECOMMENDATION FOR STUDENT ACTION**

(For use of this form, see AMEDDC&S & FSH Regulation 351-12, the proponent is MCCS-H)  
(See reverse side for Privacy Act Statement)

Date \_\_\_\_\_

Recommend \_\_\_\_\_  
(Last Name, First Name, MI) (Rank) (SSN)

(Component) (Class Number) (Course Number) (Course Title)

for the following action: \_\_\_\_\_ Academic Deficiency \_\_\_\_\_ Nonacademic Deficiency

\_\_\_\_\_ Relief \_\_\_\_\_ New start/Recycle \_\_\_\_\_ APFT Deferment  
\_\_\_\_\_ APFT/15 or 30-day Holdover Request  
\_\_\_\_\_ Holdover (other than APFT) (specify in additional comments area) \_\_\_\_\_ Other (specify in additional comments area)

Reason(s) for recommendation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Encl(s) \_\_\_\_\_  
\* (see reverse side)

FOR MCCS-HST

Approved/Disapproved.

Encl(s) \_\_\_\_\_  
nc \*\* (see reverse side)

	<u>CONCUR</u>	<u>CONCUR W/CMTS</u>	<u>NONCONCUR</u>	<u>SIGNATURE/DATE</u>
Reserve Component Advisor/Liaison: _____	_____	_____	_____	
Company/Detachment Commander: _____	_____	_____	_____	
Course Director: _____	_____	_____	_____	
Battalion Commander: _____	_____	_____	_____	
32d Medical Brigade/Troop Commander: _____	_____	_____	_____	
Dean/Commandant: _____	_____	_____	_____	

CF:  
MCCS-BHR-SP

Additional comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List the block(s) of instruction and grade(s) that the student has completed to date, prior to the initiation of this action.

<u>BLOCK OF INSTRUCTION</u>	<u>GRADE</u>	<u>BLOCK OF INSTRUCTION</u>	<u>GRADE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Number of students enrolled in this class: \_\_\_\_\_

Number of students relieved from this class: \_\_\_\_\_

Number of student new starts \_\_\_\_\_ / recycles \_\_\_\_\_ in this class:

## REQUIRED SIGNATURE BLOCKS

\* Class advisor.

\*\* Academic relief without loss of commission or appointment for commissioned officers, appointed warrant officers, and civilian students: Commandant, AHS, or his/her designated representative.

Nonacademic relief without loss of commission or appointment for commissioned officers, appointed warrant officers, and civilian students: Commander, 32d Medical Brigade or his/her designated representative.

Academic/nonacademic relief with potential loss of commission or appointment for commissioned officers and appointed warrant officers: Commander, AMEDDC&S.

Academic relief for enlisted personnel and officer candidate students: Course Director.

Nonacademic relief for enlisted personnel and officer candidate students (assigned to 32d Medical Brigade, AMEDDC&S):

If student declines Brigade Inquiry and the Battalion Commander and the Course Director agree: Battalion Commander.

If student declines Brigade Inquiry and the Battalion Commander and the Course Director disagree: Commander, 32d Medical Brigade.

If student accepts Brigade Inquiry: Commander, 32d Medical Brigade.

Nonacademic relief for enlisted personnel and officer candidate students (assigned to command and control elements other than 32d Medical Brigade, AMEDDC&S): Course Director or his/her designated representative.

PERFORMANCE EVALUATION DATA: Completed: High school or GED: \_\_\_\_\_ (yes) \_\_\_\_\_ (no) \_\_\_\_\_ year(s) college.

ASVAB Cluster Score (e.g., GT, ST, GM, CL, etc., as appropriate): \_\_\_\_\_

## PRIVACY ACT STATEMENT

AUTHORITY. 10 U.S.C., section 3013; E.O. 9397.

PURPOSE. To provide the Training Management Branch data on relief/new start of student from course of instruction.

ROUTINE USES. To maintain and utilize the information for processing relief/new start of student from course of instruction.

MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION: Information is voluntary; however, failure to provide the information would delay the processing of a new start/relief of student from a course. Information will not be released to third parties.

**APPENDIX D - AMEDDC&S AND FSH FORM 4301-E-R, DUTY APPOINTMENT/ASSIGNMENT FOR  
MILITARY OR CIVILIAN PERSONNEL**

<b>DUTY APPOINTMENT/ASSIGNMENT FOR MILITARY OR CIVILIAN PERSONNEL</b> <small>(The proponent of this form is MCCS-BHR-PA)</small>		<b>DATE:</b>
<b>MILITARY GRADE/RANK:</b>	<b>CIVILIAN GRADE/RANK:</b>	
<b>FROM :</b>	<b>TO:</b>	
<b>NAME AND CURRENT UNIT/ACTIVITY ASSIGNED TO:</b>		
<b>TITLE/POSITION APPOINTED TO:</b>	<b>TITLE/POSITION ASSIGNED TO:</b>	
<b>NAME OF PERSON(S) YOU ARE REPLACING:</b>		
<b>AUTHORITY:</b>	<b>PURPOSE:</b>	
<b>EFFECTIVE DATE:</b>	<b>EXPIRATION DATE:</b>	
<b>SPECIAL INSTRUCTION(S):</b>		
<b>AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION:</b>		<b>DATE:</b>
<b>CF:</b>		





## APPENDIX E - SUGGESTED TOPICS FOR CLASS ORIENTATION

1. Introduction.
2. Course objectives.
3. Methods of instruction.
4. Chain of command.
5. Structure of 8-period day and training schedule.
6. Examination policy/evaluation plan.
7. Academic counselors.
8. Physical fitness program.
9. Uniform requirements.
10. Use of Stimson Library.
11. Critique system.
12. Eating/smoking rules.
13. No hat/no salute areas.
14. Self-help laboratory.
15. Autobiographies (if required).
16. Definitions of lesson plans/mimeos/syllabus/general reference, etc.
17. Crucial objective system/method of grading.
18. Distinguished graduate/honor graduate(s) (if appropriate).
19. College credits (if appropriate).
20. Company responsibilities.
21. Sick call procedures/new start/recycle if hospitalized.
22. Extra duties, i.e., fire guard, charge of quarters, etc., as related to classroom attendance.
23. Bulletin board requirements, i.e., company commander/classroom.
24. Importance of military courtesy.
25. Procedures to follow in the event of fire drills, bomb threats, and their eventualities.
26. Briefing by the AHS registrar for programs which have civilian education affiliations.
27. Educational opportunities provided by Post Education Center.
28. Possible commission loss for academic failure (Officer Basic Courses Only).
29. Student Evaluation Plan (SEP) requirements
30. Reserve Component (RC) specific issues.



**APPENDIX F - DA FORM 1059, SERVICE SCHOOL ACADEMIC EVALUATION REPORT  
(TO BE COMPLETED IN AIMS-PC)**

SERVICE SCHOOL ACADEMIC EVALUATION REPORT For use of this form, see AR 623-1; the proponent agency is MILPERCEN.				DATE	
1. LAST NAME - FIRST NAME - MIDDLE INITIAL		2. SSN	3. GRADE	4. BR	5. SPECIALTY/MOSC
6. COURSE TITLE		7. NAME OF SCHOOL			8. COMP
9. TYPE OF REPORT <input type="checkbox"/> RESIDENT <input type="checkbox"/> NONRESIDENT	10. PERIOD OF REPORT (Year, month, day) From:                      Thru: <input type="checkbox"/> 0		11. DURATION OF COURSE (Year, month, day) From:                      Thru: <input type="checkbox"/> 0		
12. EXPLANATION OF NONRATED PERIODS					
13. PERFORMANCE SUMMARY  *a. <input type="checkbox"/> EXCEEDED COURSE STANDARDS (Limited to 20% of class enrollment)  b. <input type="checkbox"/> ACHIEVED COURSE STANDARDS  *c. <input type="checkbox"/> marginally ACHIEVED COURSE STANDARDS  *d. <input type="checkbox"/> FAILED TO ACHIEVE COURSE STANDARDS  *Rating must be supported by comments in ITEM 16.			14. DEMONSTRATED ABILITIES a. <b>WRITTEN COMMUNICATION</b> <input type="checkbox"/> NOT EVALUATED <input type="checkbox"/> UNSAT <input type="checkbox"/> SAT <input type="checkbox"/> SUPERIOR b. <b>ORAL COMMUNICATION</b> <input type="checkbox"/> NOT EVALUATED <input type="checkbox"/> UNSAT <input type="checkbox"/> SAT <input type="checkbox"/> SUPERIOR c. <b>LEADERSHIP SKILLS</b> <input type="checkbox"/> NOT EVALUATED <input type="checkbox"/> UNSAT <input type="checkbox"/> SAT <input type="checkbox"/> SUPERIOR d. <b>CONTRIBUTION TO GROUP WORK</b> <input type="checkbox"/> NOT EVALUATED <input type="checkbox"/> UNSAT <input type="checkbox"/> SAT <input type="checkbox"/> SUPERIOR e. <b>EVALUATION OF STUDENT'S RESEARCH ABILITY</b> <input type="checkbox"/> NOT EVALUATED <input type="checkbox"/> UNSAT <input type="checkbox"/> SAT <input type="checkbox"/> SUPERIOR (SUPERIOR/UNSAT rating must be supported by comments in ITEM 16)		
15. HAS THE STUDENT DEMONSTRATED THE ACADEMIC POTENTIAL FOR SELECTION TO HIGHER LEVEL SCHOOLING/TRAINING? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A (A "NO" response must be supported by comments in ITEM 16)					
16. COMMENTS (This item is intended to obtain a word picture of each student that will accurately and completely portray academic performance, intellectual qualities, and communication skills and abilities. The narrative should also discuss broader aspects of the student's potential, leadership capabilities, moral and overall professional qualities. In particular, comments should be made if the student failed to respond to recommendations for improving academic or personal affairs)					
17. AUTHENTICATION					
a. TYPED NAME, GRADE, BRANCH, AND TITLE OF PREPARING OFFICER				SIGNATURE	
b. TYPED NAME, GRADE, BRANCH, AND TITLE OF REVIEWING OFFICER				SIGNATURE	
18. MILITARY PERSONNEL OFFICER					
a. FORWARDING ADDRESS (Rated student)				b. DISTRIBUTION <input type="checkbox"/> STUDENT <input type="checkbox"/> UNIT CDR (P/B NCOES only) <input type="checkbox"/> STUDENT'S OFFICIAL MILITARY RECORDS	

DA FORM 1059, NOV 77

EDITION OF 1 JUL 73 IS OBSOLETE.

USAPPC V 3.00



**RECORD OF STUDENT COUNSELING**

(For use of this form, see AMEDDC&S & FSH Regulation 351-12, the proponent is MCCS-H)  
 (See reverse side for Privacy Act Statement)

Page _____ of _____			
COURSE: _____			
_____ <b>Last Name, First Name, MI</b>			_____ <b>Grade</b>
_____ <b>Service Number</b>	_____ <b>MOS</b>	_____ <b>Age</b>	_____ <b>Marital Status</b>
_____ <b>Educational Level</b>	_____ <b>Length of Service</b>	_____ <b>Component</b>	_____ <b>Service Obligation</b>
<b>DATE</b>	<b>REMARKS</b>	<b>SPECIAL ACTION</b>	
	<p>Soldier has been informed of the counseling requirements of AMEDDC&amp;S &amp; FSH Regulation 351-12, Counseling, Enrollment, Relief, New Start/Recycle, and Administrative Disposition of Student Personnel, to include the counselor's role to provide counseling and guidance for students with academic, performance, or personal problems which affect the student's academic proficiency.</p> <p>Soldier has also been informed of the requirements of this course; written exams, critical tasks, performance checklists, pass/fail determinants, remedial training/retest procedures, and new start, recycle, or relief procedures.</p> <p style="text-align: center; margin-top: 20px;">           _____            (Counselor's Signature)         </p>	<p style="text-align: center; margin-top: 20px;">           _____            (Counselee's Signature)         </p>	

## PRIVACY ACT STATEMENT

1. The system is located at the Academy of Health Sciences, Fort Sam Houston, Texas 78234, and the system manager is the Commander, U.S. Army Medical Command, Fort Sam Houston, Texas 78234.
2. Resident, distance learning, and correspondence students enrolled in courses at the Academy of Health Sciences are covered by the system.
3. Categories of records in the system. Student's name, SSN, grade/rank, academic qualification, progress reports, academic grades, ratings attained, aptitudes, and personal qualities, including corporate fitness results; faculty board records pertaining to class standing/rating/classification/proficiency of students; class academic records maintained by instructors indicating attendance and progress of class members.
4. Authority for maintenance of the system. 5 U.S.C. 301 and E.O. 9397.
5. Purpose(s). To determine eligibility for enrollment/attendance, monitor student progress, record accomplishments, and serve as record of courses which may be prerequisite for other formal courses of instruction.
6. Information may be disclosed to colleges or universities or medical institutions which accredit the Academy's instruction.
7. Policies and practices for storing, retrieving, accessing, retaining, and disposing of records in the system:
  - a. Storage. Paper records, microfiche, magnetic tape, and/or disc, and the Army Training Requirements and Resources System.
  - b. Retrievalability. By individual's name, SSN, student number, and/or class number.
  - c. Information is accessed only by individuals having need therefore in the performance of their duties; automated data are protected further by assigned passwords.
  - d. Academic records are maintained 40 years at the Academy of Health Sciences. Except for the master file, automated data are protected further by assigned passwords.
8. Individuals seeking access to information about themselves contained in this system should address written inquiries to the Registrar Services and Training Management Branch, Department of Academic Support and Quality Assurance (MCCS-HST), Academy of Health Sciences, 2250 Stanley Road, Suite 235, Fort Sam Houston, TX 78234-6150. Inquirers should furnish full name, SSN, date attended/enrolled, current address, and signature.
9. The Army's rules for accessing records, for contesting contents, and appealing initial agency determinations are contained in Army Regulation 350-21 (32 CFR, Part 505); or may be obtained for the system manager.
10. Record source categories. From the individual; Academy of Health Sciences' staff and faculty.
11. Exemptions claimed for the system: None.

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(Signature)

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(Date)

# RECORD OF STUDENT COUNSELING

(Continuation Sheet)

(For use of this form, see AMEDDC&S & FSH Regulation 351-12, the proponent is MCCS-H)

(See reverse side of CSFS Form 123, Feb 03, for Privacy Act Statement)

<hr/>	<hr/>	<hr/>
Last Name, First Name, MI	Grade	Service Number

DATE	REMARKS	SPECIAL ACTION





<b>DEVELOPMENTAL COUNSELING FORM</b> For use of this form, see FM 22-100; the proponent agency is TRADOC			
<b>DATA REQUIRED BY THE PRIVACY ACT OF 1974</b>			
<b>AUTHORITY:</b>	5 USC 301, Departmental Regulations; 10 USC 3013, Secretary of the Army and E.O. 9397 (SSN)		
<b>PRINCIPAL</b>	To assist leaders in conducting and recording counseling data pertaining to subordinates.		
<b>ROUTINE USES:</b>	For subordinate leader development IAW FM 22-100. Leaders should use this form as necessary.		
<b>DISCLOSURE:</b>	Disclosure is voluntary.		
<b>PART I - ADMINISTRATIVE DATA</b>			
Name <i>(Last, First, MI)</i>	Rank/Grade	Social Security No.	Date of Counseling
Organization		Name and Title of Counselor	
<b>PART II - BACKGROUND INFORMATION</b>			
<b>Purpose of Counseling:</b> <i>(Leader states the reason for the counseling, e.g., performance/professional growth or event-oriented counseling, and includes the leader's facts and observations prior to the counseling.)</i>			
<b>PART III - SUMMARY OF COUNSELING</b> Complete this section during or immediately subsequent to counseling.			
<b>Key Points of Discussion:</b>			
<b>OTHER INSTRUCTIONS</b>			
This form will be destroyed upon: reassignment <i>(other than rehabilitative transfers)</i> , separation at ETS, or upon retirement. For separation requirements and notification of loss of benefits/consequences see local directives and AR 635-200.			

**Plan of Action:** (Outlines actions that the subordinate will do after the counseling session to reach the agreed upon goal(s). The actions must be specific enough to modify or maintain the subordinate's behavior and include a specified time line for implementation and assessment (Part IV below).)

**Session Closing:** (The leader summarizes the key points of the session and checks if the subordinate understands the plan of action. The subordinate agrees/disagrees and provides remarks if appropriate.)

Individual counseled: ☐ I agree ☐ disagree with the information above.

Individual counseled remarks:

Signature of Individual Counseled: \_\_\_\_\_ Date: \_\_\_\_\_

**Leader Responsibilities:** (Leader's responsibilities in implementing the plan of action.)

Signature of Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

#### PART IV - ASSESSMENT OF THE PLAN OF ACTION

**Assessment:** (Did the plan of action achieve the desired results? This section is completed by both the leader and the individual counseled and provides useful information for follow-up counseling.)

Counselor: \_\_\_\_\_ Individual Counseled: \_\_\_\_\_ Date of Assessment: \_\_\_\_\_

**Note: Both the counselor and the individual counseled should retain a record of the counseling.**

**APPENDIX I - DA FORM 4856, DEVELOPMENTAL COUNSELING FORM (SAMPLE NON-ROUTINE COUNSELING)**

<b>DEVELOPMENTAL COUNSELING FORM</b> <small>For use of this form, see FM 22-100; the proponent agency is TRADOC</small>			
<b>DATA REQUIRED BY THE PRIVACY ACT OF 1974</b> <b>AUTHORITY:</b> 5 USC 301, Departmental Regulations; 10 USC 3013, Secretary of the Army and E.O. 9397 (SSN) <b>PRINCIPAL:</b> To assist leaders in conducting and recording counseling data pertaining to subordinates. <b>ROUTINE USES:</b> For subordinate leader development IAW FM 22-100. Leaders should use this form as necessary. <b>DISCLOSURE:</b> Disclosure is voluntary.			
<b>PART I - ADMINISTRATIVE DATA</b>			
Name <i>(Last, First, MI)</i>	Rank/Grade	Social Security No.	Date of Counseling
Organization		Name and Title of Counselor	
<b>PART II - BACKGROUND INFORMATION</b>			
<b>Purpose of Counseling:</b> <i>(Leader states the reason for the counseling, e.g., performance/professional growth or event-oriented counseling, and includes the leader's facts and observations prior to the counseling.)</i>  1. State the facts why counseling is being performed (e.g., routine). a. Be brief, but thorough. b. Provide any pertinent background history. c. Include the counselee's explanation of the situation and record that statement as near to verbatim as possible. 2. Avoid including personal opinions held by you as the counselor.  EXAMPLE: Had orientation meeting with the student as prescribed in AMEDDC&S Reg 351-18.			
<b>PART III - SUMMARY OF COUNSELING</b>			
<b>Complete this section during or immediately subsequent to counseling.</b>			
<b>Key Points of Discussion:</b>  1. State alternatives considered. 2. Indicate whether counselee had input into decisions which were made. 3. Specify, in detail, all agreements and understandings resulting from the counseling. 4. State any consequences of compliance or noncompliance.  EXAMPLE: Informed student of standards of conduct, necessary course milestones for successful course completion (e.g., examinations, FTX participation), and the importance of preparing for the next duty station. Agreed with student that we would meet at least once per month, at a minimum, with a preferable goal of 2-4 times per month. Encouraged student to come in if there were problems, or if I could provide assistance in any area of concern to them. We discussed career plans and professional issues of mutual interest.			
<b>OTHER INSTRUCTIONS</b>			
This form will be destroyed upon: reassignment <i>(other than rehabilitative transfers)</i> , separation at ETS, or upon retirement. For separation requirements and notification of loss of benefits/consequences see local directives and AR 635-200.			

**Plan of Action:** (Outlines actions that the subordinate will do after the counseling session to reach the agreed upon goal(s). The actions must be specific enough to modify or maintain the subordinate's behavior and include a specified time line for implementation and assessment (Part IV below).)

**Session Closing:** (The leader summarizes the key points of the session and checks if the subordinate understands the plan of action. The subordinate agrees/disagrees and provides remarks if appropriate.)

Individual counseled: ☐ I agree ☐ disagree with the information above.

Individual counseled remarks:

Signature of Individual Counseled: \_\_\_\_\_ Date: \_\_\_\_\_

**Leader Responsibilities:** (Leader's responsibilities in implementing the plan of action.)

Signature of Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

#### **PART IV - ASSESSMENT OF THE PLAN OF ACTION**

**Assessment:** (Did the plan of action achieve the desired results? This section is completed by both the leader and the individual counseled and provides useful information for follow-up counseling.)

Counselor: \_\_\_\_\_ Individual Counseled: \_\_\_\_\_ Date of Assessment: \_\_\_\_\_

**Note: Both the counselor and the individual counseled should retain a record of the counseling.**

**APPENDIX J - DA FORM 4856, DEVELOPMENTAL COUNSELING FORM (SAMPLE ACADEMIC DEFICIENCY COUNSELING)**

<b>DEVELOPMENTAL COUNSELING FORM</b> <small>For use of this form, see FM 22-100; the proponent agency is TRADOC</small>			
<b>DATA REQUIRED BY THE PRIVACY ACT OF 1974</b> <b>AUTHORITY:</b> 5 USC 301, Departmental Regulations; 10 USC 3013, Secretary of the Army and E.O. 9397 (SSN) <b>PRINCIPAL:</b> To assist leaders in conducting and recording counseling data pertaining to subordinates. <b>ROUTINE USES:</b> For subordinate leader development IAW FM 22-100. Leaders should use this form as necessary. <b>DISCLOSURE:</b> Disclosure is voluntary.			
<b>PART I - ADMINISTRATIVE DATA</b>			
Name (Last, First, MI)	Rank/Grade	Social Security No.	Date of Counseling
Organization		Name and Title of Counselor	
<b>PART II - BACKGROUND INFORMATION</b>			
<b>Purpose of Counseling:</b> (Leader states the reason for the counseling, e.g., performance/professional growth or event-oriented counseling, and includes the leader's facts and observations prior to the counseling.) It has come to my attention that on _____, you:			
Future such behavior may result in you being dropped from the course you are presently enrolled in with subsequent separation action in accordance with Army Regulations 612-201 and 635-200.			
<b>PART III - SUMMARY OF COUNSELING</b>			
<b>Complete this section during or immediately subsequent to counseling.</b>			
<b>Key Points of Discussion:</b>  On _____, the soldier was counseled concerning the above incident(s). The soldier was advised that subsequent incident(s) or lack of improvement may result in administrative separation and, depending on length of service, and Entry Level Separation or issuance of an Honorable or General, under Honorable Conditions, discharge certificate. Soldier was advised that issuance of a General Discharge may make finding civilian employment difficult. Also, that possibility of having the General discharge later upgraded to an Honorable discharge is unlikely.			
<b>OTHER INSTRUCTIONS</b>			
This form will be destroyed upon: reassignment (other than rehabilitative transfers), separation at ETS, or upon retirement. For separation requirements and notification of loss of benefits/consequences see local directives and AR 635-200.			

DA FORM 4856, JUN 1999

EDITION OF JUN 85 IS OBSOLETE

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**Plan of Action:** (Outlines actions that the subordinate will do after the counseling session to reach the agreed upon goal(s). The actions must be specific enough to modify or maintain the subordinate's behavior and include a specified time line for implementation and assessment (Part IV below).)

**Session Closing:** (The leader summarizes the key points of the session and checks if the subordinate understands the plan of action. The subordinate agrees/disagrees and provides remarks if appropriate.)

Individual counseled: ☐ I agree ☐ disagree with the information above.

Individual counseled remarks:

Encourage the counselee to make a statement if they disagree with the way the counseling was portrayed in Part II.

EXAMPLE: Counseling occurred as described in Part II, with the exception that I strongly objected to meeting with my counselor any more frequently than once a month.

Inform counselee that their signature merely acknowledges that they have been counseled, not that they agree with what occurred.

Signature of Individual Counseled: \_\_\_\_\_ Date: \_\_\_\_\_

**Leader Responsibilities:** (Leader's responsibilities in implementing the plan of action.)

Signature of Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

#### PART IV - ASSESSMENT OF THE PLAN OF ACTION

**Assessment:** (Did the plan of action achieve the desired results? This section is completed by both the leader and the individual counseled and provides useful information for follow-up counseling.)

Counselor: \_\_\_\_\_ Individual Counseled: \_\_\_\_\_ Date of Assessment: \_\_\_\_\_

**Note: Both the counselor and the individual counseled should retain a record of the counseling.**

DA FORM 4856, DEVELOPMENTAL COUNSELING FORM (SAMPLE DUTY  
PERFORMANCE  
DEFICIENCY AND/OR MISCONDUCT

<b>DEVELOPMENTAL COUNSELING FORM</b> <small>For use of this form, see FM 22-100; the proponent agency is TRADOC</small>			
<b>DATA REQUIRED BY THE PRIVACY ACT OF 1974</b> <b>AUTHORITY:</b> 5 USC 301, Departmental Regulations; 10 USC 3013, Secretary of the Army and E.O. 9397 (SSN) <b>PRINCIPAL:</b> To assist leaders in conducting and recording counseling data pertaining to subordinates. <b>ROUTINE USES:</b> For subordinate leader development IAW FM 22-100. Leaders should use this form as necessary. <b>DISCLOSURE:</b> Disclosure is voluntary.			
<b>PART I - ADMINISTRATIVE DATA</b>			
Name ( <i>Last, First, MI</i> )	Rank/Grade	Social Security No.	Date of Counseling
Organization		Name and Title of Counselor	
<b>PART II - BACKGROUND INFORMATION</b>			
<b>Purpose of Counseling:</b> ( <i>Leader states the reason for the counseling, e.g., performance/professional growth or event-oriented counseling, and includes the leader's facts and observations prior to the counseling.</i> )			
1. It has come to my attention that your (duty performance) (conduct) (overall behavior) has been deficient as indicated below: a. _____ b. _____			
2. This constitutes a formal counseling session IAW the requirements of AR 635-200 concerning your noted deficiencies. You are expected to correct these deficiencies and to rehabilitate yourself into a productive, satisfactory soldier. Your subsequent behavior will be monitored and you will be given every opportunity to improve yourself.			
<b>PART III - SUMMARY OF COUNSELING</b>			
<b>Complete this section during or immediately subsequent to counseling.</b>			
<b>Key Points of Discussion:</b> On _____, the soldier was counseled concerning the above incident(s). The soldier was told that if this type of behavior continues, action may be initiated under the UCMJ and/or to administratively separate the soldier prior to normal ETS UP AR 635-200. The soldier was told that such a separation could result in the issuance of an Honorable, or a General, or an Under Other Than Honorable Conditions (UOTHC) discharge. Further, the soldier was advised that a General or UOTHC discharge might result in difficulty in finding civilian employment. And if an UOTHC discharge is issued, the soldier would lose substantially all Army and VA benefits and could encounter substantial prejudice in the civilian sector. Also, the soldier would find it almost impossible to reenlist in the Armed Forces. Further, the soldier was advised that although the soldier may request to upgrade any unfavorable discharge received, such an upgrade is unlikely.			
<b>ADDITIONAL SUMMARY:</b> _____ _____ _____ _____			
<b>OTHER INSTRUCTIONS</b>			
<small>This form will be destroyed upon: reassignment (<i>other than rehabilitative transfers</i>), separation at ETS, or upon retirement. For separation requirements and notification of loss of benefits/consequences see local directives and AR 635-200.</small>			

**Plan of Action:** *(Outlines actions that the subordinate will do after the counseling session to reach the agreed upon goal(s). The actions must be specific enough to modify or maintain the subordinate's behavior and include a specified time line for implementation and assessment (Part IV below).)*

**Session Closing:** *(The leader summarizes the key points of the session and checks if the subordinate understands the plan of action. The subordinate agrees/disagrees and provides remarks if appropriate.)*

Individual counseled: ☐ I agree ☐ disagree with the information above.

Individual counseled remarks:

Signature of Individual Counseled: \_\_\_\_\_ Date: \_\_\_\_\_

**Leader Responsibilities:** *(Leader's responsibilities in implementing the plan of action.)*

Signature of Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

#### **PART IV - ASSESSMENT OF THE PLAN OF ACTION**

**Assessment:** *(Did the plan of action achieve the desired results? This section is completed by both the leader and the individual counseled and provides useful information for follow-up counseling.)*

Counselor: \_\_\_\_\_ Individual Counseled: \_\_\_\_\_ Date of Assessment: \_\_\_\_\_

**Note: Both the counselor and the individual counseled should retain a record of the counseling.**



**APPENDIX K - DA FORM 1574, REPORT OF PROCEEDINGS BY INVESTIGATING OFFICER/  
BOARD OF OFFICERS**

<b>REPORT OF PROCEEDINGS BY INVESTIGATING OFFICER/BOARD OF OFFICERS</b>					
<small>For use of this form, see AR 15-6; the proponent agency is OTJAG.</small>					
<small>IF MORE SPACE IS REQUIRED IN FILLING OUT ANY PORTION OF THIS FORM, ATTACH ADDITIONAL SHEETS</small>					
<b>SECTION I - APPOINTMENT</b>					
Appointed by _____ <div style="text-align: right; font-size: small;">(Appointing authority)</div>					
on _____ <div style="text-align: right; font-size: small;">(Date)</div> <div style="font-size: x-small;">(Attach inclosure 1: Letter of appointment or summary of oral appointment data.) (See para 3-15, AR 15-6.)</div>					
<b>SECTION II - SESSIONS</b>					
The (investigation) (board) commenced at _____ at _____ <div style="text-align: right; font-size: small;">(Place) (Time)</div>					
on _____ <div style="text-align: right; font-size: small;">(Date)</div> <div style="font-size: x-small;">(If a formal board met for more than one session, check here <input type="checkbox"/>. Indicate in an inclosure the time each session began and ended, the place, persons present and absent, and explanation of absences, if any.) The following persons (members, respondents, counsel) were present: (After each name, indicate capacity, e.g., President, Recorder, Member, Legal Advisor.)</div>					
The following persons (members, respondents, counsel) were absent: (Include brief explanation of each absence.) (See paras 5-2 and 5-8a, AR 15-6.)					
The (investigating officer) (board) finished gathering/hearing evidence at _____ on _____ <div style="text-align: right; font-size: small;">(Time) (Date)</div>					
and completed findings and recommendations at _____ on _____ <div style="text-align: right; font-size: small;">(Time) (Date)</div>					
<b>SECTION III - CHECKLIST FOR PROCEEDINGS</b>					
<b>A. COMPLETE IN ALL CASES</b>			<b>YES</b>	<b>NO <sup>1/</sup></b>	<b>NA <sup>2/</sup></b>
1	Inclosures (para 3-15, AR 15-6)				
Are the following inclosed and numbered consecutively with Roman numerals: (Attached in order listed)					
a. The letter of appointment or a summary of oral appointment data?					
b. Copy of notice to respondent, if any? (See item 9, below)					
c. Other correspondence with respondent or counsel, if any?					
d. All other written communications to or from the appointing authority?					
e. Privacy Act Statements (Certificate, if statement provided orally)?					
f. Explanation by the investigating officer or board of any unusual delays, difficulties, irregularities, or other problems encountered (e.g., absence of material witnesses)?					
g. Information as to sessions of a formal board not included on page 1 of this report?					
h. Any other significant papers (other than evidence) relating to administrative aspects of the investigation or board?					
<small>FOOTNOTES: <sup>1/</sup> Explain all negative answers on an attached sheet. <sup>2/</sup> Use of the N/A column constitutes a positive representation that the circumstances described in the question did not occur in this investigation or board.</small>					

2	Exhibits ( <i>para 3-16, AR 15-6</i> )	YES	NO <sup>1/</sup>	NA <sup>2/</sup>
	a. Are all items offered ( <i>whether or not received</i> ) or considered as evidence individually numbered or lettered as exhibits and attached to this report?			
	b. Is an index of all exhibits offered to or considered by investigating officer or board attached before the first exhibit?			
	c. Has the testimony/statement of each witness been recorded verbatim or been reduced to written form and attached as an exhibit?			
	d. Are copies, descriptions, or depictions ( <i>if substituted for real or documentary evidence</i> ) properly authenticated and is the location of the original evidence indicated?			
	e. Are descriptions or diagrams included of locations visited by the investigating officer or board ( <i>para 3-6b, AR 15-6</i> )?			
	f. Is each written stipulation attached as an exhibit and is each oral stipulation either reduced to writing and made an exhibit or recorded in a verbatim record?			
	g. If official notice of any matter was taken over the objection of a respondent or counsel, is a statement of the matter of which official notice was taken attached as an exhibit ( <i>para 3-16d, AR 15-6</i> )?			
3	Was a quorum present when the board voted on findings and recommendations ( <i>paras 4-1 and 5-2b, AR 15-6</i> )?			
B. COMPLETE ONLY FOR FORMAL BOARD PROCEEDINGS ( <i>Chapter 5, AR 15-6</i> )				
4	At the initial session, did the recorder read, or determine that all participants had read, the letter of appointment ( <i>para 5-3b, AR 15-6</i> )?			
5	Was a quorum present at every session of the board ( <i>para 5-2b, AR 15-6</i> )?			
6	Was each absence of any member properly excused ( <i>para 5-2a, AR 15-6</i> )?			
7	Were members, witnesses, reporter, and interpreter sworn, if required ( <i>para 3-1, AR 15-6</i> )?			
8	If any members who voted on findings or recommendations were not present when the board received some evidence, does the inclosure describe how they familiarized themselves with that evidence ( <i>para 5-2d, AR 15-6</i> )?			
C. COMPLETE ONLY IF RESPONDENT WAS DESIGNATED ( <i>Section II, Chapter 5, AR 15-6</i> )				
9	Notice to respondents ( <i>para 5-5, AR 15-6</i> ):			
	a. Is the method and date of delivery to the respondent indicated on each letter of notification?			
	b. Was the date of delivery at least five working days prior to the first session of the board?			
	c. Does each letter of notification indicate —			
	(1) the date, hour, and place of the first session of the board concerning that respondent?			
	(2) the matter to be investigated, including specific allegations against the respondent, if any?			
	(3) the respondent's rights with regard to counsel?			
	(4) the name and address of each witness expected to be called by the recorder?			
	(5) the respondent's rights to be present, present evidence, and call witnesses?			
	d. Was the respondent provided a copy of all unclassified documents in the case file?			
	e. If there were relevant classified materials, were the respondent and his counsel given access and an opportunity to examine them?			
10	If any respondent was designated after the proceedings began ( <i>or otherwise was absent during part of the proceedings</i> ):			
	a. Was he properly notified ( <i>para 5-5, AR 15-6</i> )?			
	b. Was record of proceedings and evidence received in his absence made available for examination by him and his counsel ( <i>para 5-4c, AR 15-6</i> )?			
11	Counsel ( <i>para 5-6, AR 15-6</i> ):			
	a. Was each respondent represented by counsel?			
	Name and business address of counsel:			
	( <i>If counsel is a lawyer, check here</i> <input type="checkbox"/> )			
	b. Was respondent's counsel present at all open sessions of the board relating to that respondent?			
	c. If military counsel was requested but not made available, is a copy ( <i>or, if oral, a summary</i> ) of the request and the action taken on it included in the report ( <i>para 5-6b, AR 15-6</i> )?			
12	If the respondent challenged the legal advisor or any voting member for lack of impartiality ( <i>para 5-7, AR 15-6</i> ):			
	a. Was the challenge properly denied and by the appropriate officer?			
	b. Did each member successfully challenged cease to participate in the proceedings?			
13	Was the respondent given an opportunity to ( <i>para 5-8a, AR 15-6</i> ):			
	a. Be present with his counsel at all open sessions of the board which deal with any matter which concerns that respondent?			
	b. Examine and object to the introduction of real and documentary evidence, including written statements?			
	c. Object to the testimony of witnesses and cross-examine witnesses other than his own?			
	d. Call witnesses and otherwise introduce evidence?			
	e. Testify as a witness?			
	f. Make or have his counsel make a final statement or argument ( <i>para 5-9, AR 15-6</i> )?			
14	If requested, did the recorder assist the respondent in obtaining evidence in possession of the Government and in arranging for the presence of witnesses ( <i>para 5-8b, AR 15-6</i> )?			
15	Are all of the respondent's requests and objections which were denied indicated in the report of proceedings or in an inclosure or exhibit to it ( <i>para 5-11, AR 15-6</i> )?			
FOOTNOTES: <sup>1/</sup> Explain all negative answers on an attached sheet. <sup>2/</sup> Use of the N/A column constitutes a positive representation that the circumstances described in the question did not occur in this investigation or board.				

**SECTION IV - FINDINGS** *(para 3-10, AR 15-6)*

The *(investigating officer) (board)*, having carefully considered the evidence, finds:

**SECTION V - RECOMMENDATIONS** *(para 3-11, AR 15-6)*

In view of the above findings, the *(investigating officer) (board)* recommends:

**SECTION VI - AUTHENTICATION** (para 3-17, AR 15-6)

THIS REPORT OF PROCEEDINGS IS COMPLETE AND ACCURATE. (If any voting member or the recorder fails to sign here or in Section VII below, indicate the reason in the space where his signature should appear.)

\_\_\_\_\_  
(Recorder)

\_\_\_\_\_  
(Investigating Officer) (President)

\_\_\_\_\_  
(Member)

\_\_\_\_\_  
(Member)

\_\_\_\_\_  
(Member)

\_\_\_\_\_  
(Member)

**SECTION VII - MINORITY REPORT** (para 3-13, AR 15-6)

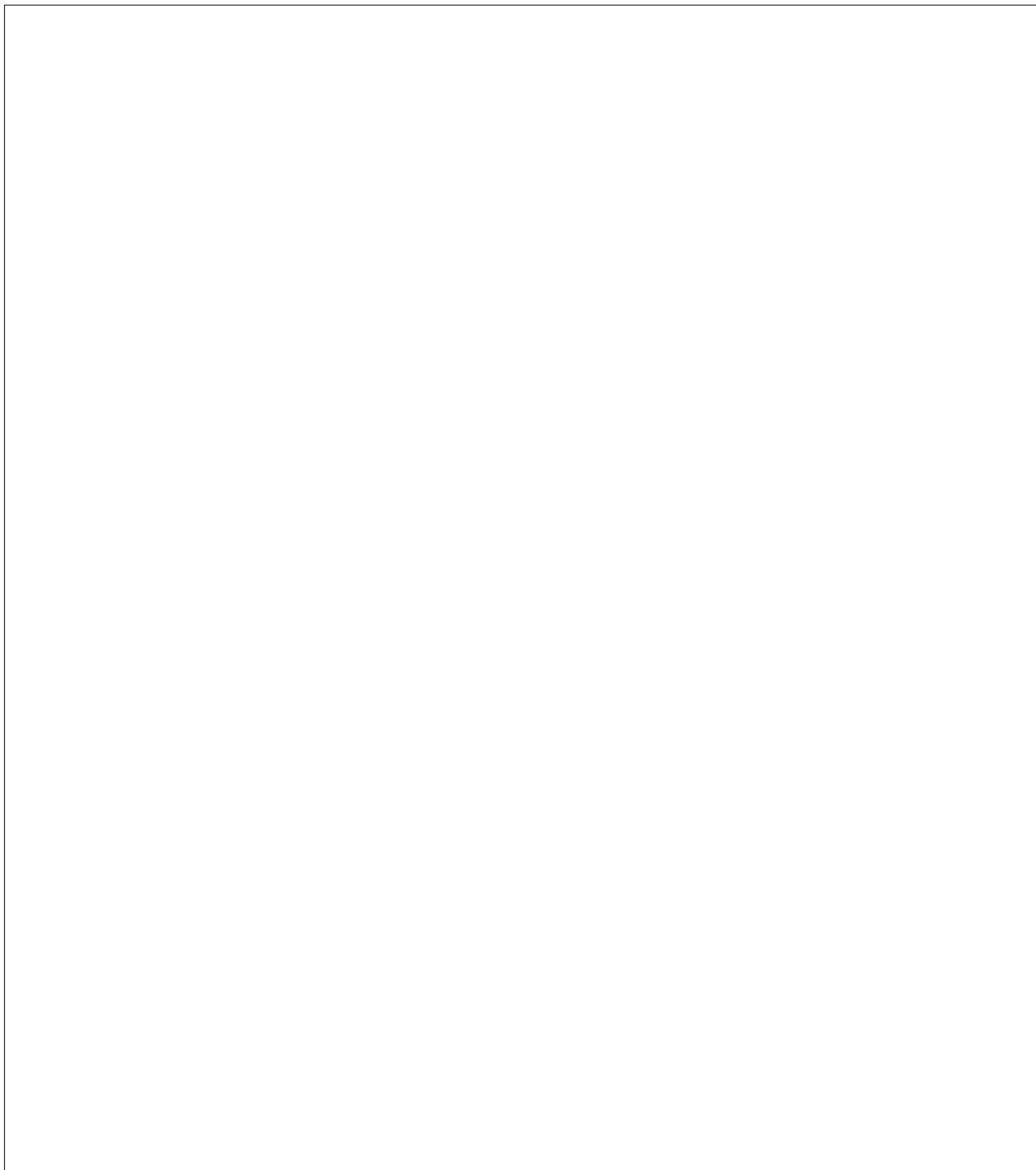
To the extent indicated in Inclosure \_\_\_\_\_, the undersigned do(es) not concur in the findings and recommendations of the board. (In the inclosure, identify by number each finding and/or recommendation in which the dissenting member(s) do(es) not concur. State the reasons for disagreement. Additional/substitute findings and/or recommendations may be included in the inclosure.)

\_\_\_\_\_  
(Member)

\_\_\_\_\_  
(Member)

**SECTION VIII - ACTION BY APPOINTING AUTHORITY** (para 2-3, AR 15-6)

The findings and recommendations of the (investigating officer) (board) are (approved) (disapproved) (approved with following exceptions/substitutions). (If the appointing authority returns the proceedings to the investigating officer or board for further proceedings or corrective action, attach that correspondence (or a summary, if oral) as a numbered inclosure.)





## APPENDIX L - PREPRINTED FACULTY BOARD SCRIPT

PRESIDENT: This hearing will come to order. (*Student's rank and name*) this is a Faculty Board convened to determine if you have failed to meet the criteria and standards required of students in the (*course number and title*). (*Student's rank and name*) have you obtained military or civilian counsel at no expense to the government or do you represent yourself? (*Note: Respondent has been informed of his/her rights and options concerning representation by counsel in the Convening of the Faculty Board memorandum. Student has also been advised of the right against self-incrimination or testifying.*) Please state for the record the name and unit or address of your counsel.

NOTE: The following entries labeled Respondent also apply to counsel if applicable.

RESPONDENT: I will not be represented by counsel, or I will be represented by (*counsel's name*).

PRESIDENT: (*Only if there is counsel*) Let the record reflect that (*counsel's name*), counsel for the Respondent, is present.

RECORDER: The Faculty Board will be sworn in.

All persons in the room stand while the Recorder administers the oath. Each voting member raises his/her right hand as the Recorder calls his/her name in administering the following oath:

RECORDER: Do you, Colonel \_\_\_\_\_, Lieutenant Colonel \_\_\_\_\_, Major \_\_\_\_\_, swear (*affirm*) that you will faithfully perform your duties as a member of this Faculty Board; that you will impartially examine and inquire into the matter now before you according to the evidence, your conscience, and the laws and regulations provided; that you will make such findings of fact as are supported by the evidence of record; that in determining those facts, you will use your professional knowledge, best judgment, and common sense; and that you will make such recommendations as are appropriate and warranted by your findings, according to the best of your understanding of the rules, regulations, policies, and customs of the service, guided by your concept of justice, both to the government and to individuals concerned, (*so help you God*)? (*Challenges for cause against the Board President and other board members are ruled on by the Dean/Commandant, AHS.*)

MEMBERS: I do.

The Faculty Board Members lower their hands but remain standing while the oath is administered to the Recorder.

PRESIDENT: Do you, (*Recorder's rank and name*), swear (*or affirm*) that you will faithfully perform the duties of Recorder of this Faculty Board, (*so help you God*)?

RECORDER: I do. Reporter, please stand and raise your right hand. Do you swear (*or affirm*) that you will faithfully perform the duties of Reporter of this Faculty Board, (*so help you God*)?

REPORTER: I do. (*Reporter resumes seat.*)

RECORDER: This Faculty Board is appointed by the Commandant, Academy of Health Sciences, Fort Sam Houston, Texas, by memorandum dated \_\_\_\_\_. The following members are present: (*State names of Faculty Board Members, including yourself.*)

RECORDER: (*Take copy of convening order, mark it "I" in lower right-hand corner, and offer it to the President as follows:*) Request that the appointing orders be enclosed to these proceedings and that they be marked Enclosure I (*mark in lower right-hand corner in pencil*).

PRESIDENT: The appointing order will be marked and enclosed as requested.

RECORDER: The general nature of the hearing is to determine whether or not you have met the standards and criteria which are required of (*course number and title*) students for graduation and continued service in the Army as an officer/warrant officer.

PRESIDENT: Does the Respondent desire to challenge any member of the Faculty Board for cause? (*The Respondent or counsel may desire to ask a few brief questions of members.*) If any member is challenged, the Respondent or counsel should state grounds for challenge. (*The President will rule on challenges.*)

RESPONDENT: (*No challenges*) or (*the Respondent challenges \_\_\_\_\_ on the grounds that \_\_\_\_\_*). (*Ruling on challenges*).

RECORDER: Does any member of the Faculty Board desire to be advised as to the law, regulations, or orders concerned in this hearing?

PRESIDENT: (*No readings are desired at this time*) or (*any member may request that any regulation or order be read*).

RECORDER: You were notified of this hearing in writing on (*date*). Request that this notification be marked Enclosure II and that it be enclosed in the record of proceedings. (*Mark in lower right-hand corner in pencil.*)

PRESIDENT: The copy of the notification will be enclosed with the proceedings and marked as requested.

RECORDER: Are there any extenuating matters in defense for which you feel that you have not had adequate time to prepare? (*If so, direct the Respondent to state such matters in detail, indicating the relevance of the matter of the case, state any alleged prejudice to the accused in detail, and cited proposed regulation or authority supporting the contention or objection.*)

PRESIDENT: (*Rulings as necessary.*)

PRESIDENT: You have the right to cross-examine all witnesses brought before this hearing. It is our desire to ascertain the truth of all matters and we shall be glad to help you question any witnesses when such questioning might shed a true light on the facts of the case. Do you understand your right of cross-examination?

RESPONDENT: I do.

RECORDER: (*Recorder may make an opening statement at this point to clarify the expected presentation of evidence.*) I have here certain documents which I ask be admitted as evidence in the hearing and marked as Exhibits 1 through \_\_\_\_\_. Does the Respondent wish that these statements be read by the Faculty Board Members at this time? (*These documents can't be read verbatim by their proponents or authors when those persons are going to testify under oath later in the hearing. These documents cannot be used in lieu of their direct testimony and in response to questioning. If authors or proponents appear and testify in person, such testimony will be independent of these documents.*)

RESPONDENT: (*I waive the reading*) or (*I desire that certain or all of the statements be as they are introduced*).



RECORDER: I request that statements marked as Exhibits I through \_\_\_\_\_ be enclosed to the record of these proceedings. (*Mark exhibits in lower right-hand corner in pencil.*)

PRESIDENT: The statements so marked will be admitted and enclosed with the records of proceedings in this case, as requested. (*If the Respondent objects to any documents, the President will make rulings on the objections.*)

RECORDER: The first witness to be called is \_\_\_\_\_. (*Witness comes in, reports to the Faculty Board President (as per customs of the service), and is then instructed by the Recorder to move to the witness stand and raise his/her right hand.*) "Do you swear (or affirm) that the evidence you are about to give in the case now in hearing shall be the truth, the whole truth, and nothing but the truth, so help you God?" (*NOTE: Delete the last phrase if affirming.*)

NOTE: The Recorder will also be responsible for swearing in the Respondent's witnesses, will have them identify themselves, and then will turn them over to the Respondent's counsel for direct examination.

WITNESS: I do.

RECORDER: Please be seated.

RECORDER: (*Ask questions of witness.*)

RECORDER: I have no further questions of this witness. Does the Respondent wish to question this witness?

RESPONDENT: (*Cross-examine witness.*)

RECORDER: (*Ask questions on redirect, if desired.*)

RECORDER: Are there any questions by the Faculty Board for this witness?

PRESIDENT or MEMBER: (*Questions witness as necessary.*)

PRESIDENT: The witness is now excused. Does the Respondent wish to have this witness remain available for recall?

RESPONDENT: (*No or yes, as appropriate.*)

PRESIDENT: (*The witness may leave the area*) or (*the witness will be instructed to remain in the area.*)

RECORDER: (*After last government witness*) I have nothing further to offer relating to the matter under consideration.

PRESIDENT: Does the Respondent have an opening statement?

(*RESPONDENT NOW BEGINS PRESENTATION OF CASE.*)

RESPONDENT OR RESPONDENT'S COUNSEL: I have/do not have an opening statement, or Respondent has/does not have an opening statement. (*Respondent or Respondent's counsel now introduces evidence and begins calling witnesses. Respondent's documentary exhibits should be lettered to distinguish them from the Recorder's exhibits, e.g., A, B, etc.*). (*Recorder will swear Respondent's witnesses.*) (*NOTE: Recorder is given an opportunity to cross-examine Respondent's witnesses and Respondent can then ask questions on the redirect.*) (*Respondent presents all evidence/calls witnesses.*)

RESPONDENT: The Respondent has nothing further to present.

RECORDER: There is no further evidence to offer in this case. Does this Faculty Board wish any witnesses be called?

PRESIDENT: It does/does not.

PRESIDENT: You may proceed with closing arguments.

RECORDER: *(NOTE: The Recorder may make the first argument. The Recorder will also make the rebuttal argument if any argument is made on behalf of the Respondent. Arguments are not required. If no argument is made, the Recorder may say "The Recorder submits the case without argument.")*

PRESIDENT: Has the Respondent anything further to offer in this case?

RESPONDENT: No.

PRESIDENT: The hearing is recessed so that the Faculty Board can go into closed session to deliberate. The Respondent, Recorder, and Reporter will wait outside for the results of these proceedings. All others are permanently excused.

*(The Faculty Board goes into closed session to vote on findings and recommendations. Prior to reconvening the Faculty Board, the findings and recommendations are prepared with the assistance of the appointed legal advisor, if any. The Faculty Board will call back the Respondent, Recorder, and Reporter.)*

PRESIDENT: The Faculty Board proceedings will now reconvene. The findings and recommendations of the Faculty Board are as follows: *(The Faculty Board President reads the findings and recommendations.)* These findings and recommendations are subject to review and final decision by the Commandant, AHS, or the Commander, AMEDDC&S, as appropriate. The Faculty Board proceedings are now adjourned.

**APPENDIX M - PRIVACY ACT STATEMENT**

MCCS-H

(DATE)

MEMORANDUM FOR

SUBJECT: Privacy Act Statement

1. AUTHORITY: Title 10, U.S.C. 3013.
2. PRINCIPAL PURPOSE: The purpose of soliciting this information is to provide the Board, and others within the chain of command/supervision, a basis for a determination regarding your relief from the (course number and title) and your retention on active duty/retention of your commissioned status.
3. ROUTINE USES: The information may be used to:
  - a. Recommend release from reserve force duty, discharge, loss of commission, or UCMJ action, as appropriate.
  - b. Allow the appropriate personnel actions to be taken as a result of the Board's findings and recommendations.
4. DISCLOSURE: Any information you provide is disclosable to members of the Department of Defense who have a need for the information in the performance of their duties. Disclosure of information is voluntary. If information is not provided to the Board and the Commandant, AHS, or Commander, AMEDDC&S, a determination may be made in this matter upon less than full information.
5. I hereby acknowledge that I have read and understand the above.

---

Student's Signature



# APPENDIX N - DA FORM 2823, SWORN STATEMENT

<b>SWORN STATEMENT</b> For use of this form, see AR 190-45; the proponent agency is ODCSOPS			
<b>PRIVACY ACT STATEMENT</b> <b>AUTHORITY:</b> Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN). <b>PRINCIPAL:</b> To provide commanders and law enforcement officials with means by which information may be accurately identified. <b>ROUTINE USES:</b> Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval. <b>DISCLOSURE:</b> Disclosure of your social security number is voluntary.			
1. LOCATION	2. DATE (YYYYMMDD)	3. TIME	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	
8. ORGANIZATION OR ADDRESS			
9. I, _____, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:			
10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT		PAGE 1 OF _____ PAGES
ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF _____ TAKEN AT _____ DATED _____ THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE BE INDICATED.			

DA FORM 2823, DEC 1998

DA FORM 2823, JUL 72, IS OBSOLETE

USAPA V1.00

USE THIS PAGE IF NEEDED. IF THIS PAGE IS NOT NEEDED, PLEASE PROCEED TO FINAL PAGE OF THIS FORM.

STATEMENT OF \_\_\_\_\_ TAKEN AT \_\_\_\_\_ DATED \_\_\_\_\_

9. STATEMENT (*Continued*)

INITIALS OF PERSON MAKING STATEMENT

PAGE OF PAGES

STATEMENT OF \_\_\_\_\_ TAKEN AT \_\_\_\_\_ DATED \_\_\_\_\_

9. STATEMENT (Continued)

**AFFIDAVIT**

I, \_\_\_\_\_, HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE \_\_\_\_\_. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

\_\_\_\_\_  
(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_  
ORGANIZATION OR ADDRESS

\_\_\_\_\_  
(Signature of Person Administering Oath)

\_\_\_\_\_  
(Typed Name of Person Administering Oath)

\_\_\_\_\_  
ORGANIZATION OR ADDRESS

\_\_\_\_\_  
(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

PAGE OF PAGES





**APPENDIX 0 - NOTIFICATION OF RECOMMENDATION FOR ACADEMIC/NONACADEMIC RELIEF**

MCCS-H

(DATE)

MEMORANDUM FOR (Student's Rank, Name, SSN, Class Number, Course Number and Title, and Department), Academy of Health Sciences, (Street Address), Fort Sam Houston, TX 78234-XXXX

SUBJECT: Notification of Recommendation for Academic/Nonacademic Relief

1. This is to inform you that you are being considered for academic/nonacademic relief for the following reason(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. If you believe that there are extenuating and/or mitigating circumstances, you may elect to present such matters at a course director's conference in 3 duty days.

3. If you are experiencing emotional difficulties as a result of this action, you will be given an appointment with the Community Mental Health Service.

4. After receipt of the course director's recommendations, you have 2-duty days to submit any rebuttal to the Commandant, AHS, who will make the relief decision.

5. Request you acknowledge receipt of this memorandum, indicating your desire for a Director's Conference and an appointment at the Community Mental Health Service, by signing and dating below.

\_\_\_\_\_  
Class Advisor's/Program Director's  
Signature

FOR Class Advisor's/Program Director's Rank and Name, Class Number, Course Number and Title, and Department), Academy of Health Sciences, (Street Address), Fort Sam Houston, TX 78234-XXXX

1. I acknowledge receipt of the basic memorandum.

2. I (do/do not) request a Director's Conference.

3. I (do/do not) request an appointment with the Community Mental Health Service.

\_\_\_\_\_  
Student's Signature and Date



**APPENDIX P - NOTIFICATION OF THE DECISION FOR ACADEMIC RELIEF**

MCCS-H

(DATE)

MEMORANDUM FOR (Student's Rank, Name, SSN, Class Number, Course Number and Title, and Department), Academy of Health Sciences, (Street Address), Fort Sam Houston, TX 78234-XXXX

SUBJECT: Notification of the Decision for Academic Relief

1. This is to inform you that the Commandant, AHS, has decided to relieve you from:

---

(Class Number and Course Number and Title)

2. You may appeal this decision in writing, within 3-duty days, to the Commander, AMEDDC&S.

3. You may request a voluntary resignation. Should you decide to appeal to the Commander, AMEDDC&S, you relinquish your option to resign. All requests for resignations must be approved by your service-specific and Reserve Component Advisor, as applicable.

4. Request you acknowledge receipt of this memorandum, indicating your desire to appeal this action, by signing and dating below.

---

Course Director's/Class Advisor's/  
Program Director's Signature

FOR Course Director's/Class Advisor's/Program Director's Rank and Name, Class Number, Course Number and Title, and Department), Academy of Health Sciences, (Street Address), Fort Sam Houston, TX 78234-XXXX

1. I acknowledge receipt of the basic memorandum.
2. I (do/do not) wish to request a voluntary resignation.
3. I (will/will not) appeal this decision to the Commander, AMEDDC&S.

---

Student's Signature and Date



**APPENDIX Q - CONVENING OF THE FACULTY BOARD FOR NONACADEMIC RELIEF WITHOUT  
LOSS OF COMMISSION OR APPOINTMENT**

MCCS-H

(DATE)

MEMORANDUM THRU (Class Advisor's Rank and Name, Class Number, Course Number and Title, and Department), Academy of Health Sciences, (Street Address), Fort Sam Houston, TX 78234-XXXX

FOR (Student's Rank, Name, SSN, Class Number, Course Number and Title, and Department), Academy of Health Sciences, (Street Address), Fort Sam Houston, TX 78234-XXXX

SUBJECT: Convening of the Faculty Board for Nonacademic Relief Without Loss of Commission or Appointment

1. The Academy of Health Sciences' (AHS') Faculty Board will convene on (date), at (time), in (room number), (building number).

2. The purpose is to make recommendations to the Commander, 32d Medical Brigade on whether you should be relieved for the following nonacademic reason(s), under provisions of AMEDDC&S regulation 351-12: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. The following witness(es) will be called (list name and telephone number of witness(es).): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. You have the following rights:

a. The opportunity to be personally present at all open sessions of the Faculty Board Hearing.

b. At least 72-hours notice, including a minimum of 1-duty day.

c. Notice of the grounds for the referral and of the time, place, and date of the Faculty Board Hearing.

d. Consideration by a Faculty Board of officers who are senior to you and who have not formed opinions or conclusions about the merits of the Faculty Board action.

e. The opportunity to present evidence in your behalf, to call reasonably available witnesses to testify in your behalf, and to cross-examine any witness called by the Faculty Board.

f. To testify as a witness while retaining the right to exercise your privilege against self-incrimination at any time.

g. The opportunity to consult, but not be represented by, military legal counsel.

MCCS-H

SUBJECT: Convening of the Faculty Board for Nonacademic Relief Without Loss of Commission or Appointment

h. The opportunity for private counsel obtained by you at no expense to the military.

i. The opportunity to receive a copy of the written findings and recommendations of the Faculty Board, if requested.

j. Notice of the decision by the approving authority.

5. Enclosed is a Privacy Act Statement which you are required to sign and submit with any statement or testimony you wish to submit to the Faculty Board.

6. Enclosed are copies of statements and other evidence which form the basis of these proceedings. Should you desire to call witnesses or gather evidence in the possession of the government, you need to notify the Faculty Board Recorder no later than 48 hours after receipt of this notification.

7. The Faculty Board Recorder is (rank and full name), and can be reached at (phone number).

8. After oral and written testimony is considered, the Faculty Board will make findings and recommendations to the Commander, 32d Medical Brigade for decision.

9. Request you acknowledge receipt of this memorandum, no later than 1630, (date), indicating whether you desire a personal appearance before the Faculty Board and the names and telephone numbers of any witnesses you are currently aware of whom you request to be present, by signing and dating below.

FOR THE COMMANDANT:

Encl

\_\_\_\_\_  
Faculty Board Recorder's Signature

THRU (Class Advisor's Rank and Name, Class Number, Course Number and Title, and Department), Academy of Health Sciences, (Street Address), Fort Sam Houston, TX 78234-XXXX

FOR (Faculty Board Recorder's Rank and Name), Faculty Board Recorder, Academy of Health Sciences, (Street Address), Fort Sam Houston, TX 78234-XXXX

1. I acknowledge receipt of the basic memorandum.
2. I (do/do not) request an appointment with the Community Mental Health Service.
3. I (do/do not) wish to appear before the Faculty Board.
4. I (desire/do not desire) the opportunity to consult with legal counsel.

MCCS-H

SUBJECT: Convening of the Faculty Board for Nonacademic Relief Without Loss

of Commission or Appointment

5. I (have/have not) retained private counsel for representation (at my own expense).

a. My counsel will be (full name of counsel): \_\_\_\_\_

b. Counsel's address: \_\_\_\_\_

c. Counsel's phone number: \_\_\_\_\_

6. Statements (are/are not) submitted on my behalf and appended hereto.

7. Witness(es) called on my behalf will be (list name and telephone number of witness(es).): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Request your assistance in obtaining the following documents believed to be in the government's possession (list documents.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Encl  
nc

\_\_\_\_\_  
Student's Signature and Date





**APPENDIX R - NOTIFICATION OF DECISION OF THE COMMANDER, 32D MEDICAL BRIGADE  
FOR NONACADEMIC RELIEF**

MCCS-H

(DATE)

MEMORANDUM FOR (Student's Rank, Name, SSN, Class Number, Course Number  
and Title, and Department), Academy of Health Sciences, (Street Address),  
Fort Sam Houston, TX 78234-XXXX

SUBJECT: Notification of Decision of the Commander, 32d Medical Brigade (or  
Commander, \_\_\_Battalion) for Nonacademic Relief

1. This is to inform you that you have been relieved from:

---

(Class Number and Course Number and Title)

2. You may appeal this decision in writing, within 3-duty days, to the  
Commander, AMEDDC&S.
3. Request you acknowledge receipt of this memorandum, indicating your desire  
to appeal this action, by signing and dating below.

---

Class Advisor's/Course Director's  
Signature

FOR (Class Advisor's/Program Director's Rank and Name, Class Number,  
Course Number and Title, and Department), Academy of Health Sciences,  
(Street Address), Fort Sam Houston, TX 78234-XXXX

1. I acknowledge receipt of the basic memorandum.
2. I (will/will not) appeal this decision to the Commander, AMEDDC&S.

---

Student's Signature and Date



**APPENDIX S - NOTIFICATION OF RECOMMENDATION FOR ACADEMIC/NONACADEMIC RELIEF,  
VOLUNTARY/INVOLUNTARY RELEASE FROM ACTIVE DUTY, AND TERMINATION  
OF U.S. ARMY RESERVE COMMISSION**

MCCS-H

(DATE)

MEMORANDUM FOR (Student's Rank, Name, SSN, Class Number, Course Number  
and Title, and Department), Academy of Health Sciences, (Street Address), Fort  
Sam Houston, TX 78234-XXXX

SUBJECT: Notification of Recommendation for Academic/Nonacademic Relief,  
Voluntary/Involuntary Release from Active Duty, and Termination of US Army  
Reserve Commission

1. This is to inform you that you are being considered for (academic or  
nonacademic) relief, (voluntary or involuntary) release from active duty, and  
termination of your US Army Reserve Commission for the following reason(s):

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Specifically, you (explanation):

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2. If you believe that there are extenuating and/or mitigating circumstances,  
you may present such matters at a **Course Director's Conference** within 2-duty  
days.

3. At your request, the Commandant, Academy of Health Sciences (AHS), will  
convene a Faculty Board under provisions of AMEDDC&S regulation 351-12 and AR  
600-8-24, Section XVIII, to review the circumstances surrounding this proposed  
relief action. This Faculty Board would make recommendations to the  
Commander, AMEDDC&S, concerning whether you should be relieved from active  
duty and discharged from your US Army Reserve Commission under provisions of  
AR 600-8-24, Chapter 2, paragraph 2-37.

4. If you request a Faculty Board Hearing, you have the following rights:

- a. To be present at all open sessions of the Faculty Board.
- b. To present evidence in your behalf, to call reasonably available  
witnesses to testify in your behalf, and to cross-examine witnesses.
- c. To testify as a witness while retaining the right to exercise your  
privilege against self-incrimination at any time.
- d. To counsel for representation. The US Army Trial Defense Service  
(TDS) will make military counsel for representation available. You may also  
retain private counsel at no expense to the government to represent you before  
the Faculty Board.

MCCS-H

SUBJECT: Notification of Recommendation for Academic/Nonacademic Relief,  
Voluntary/Involuntary Release from Active Duty, and Termination of US Army  
Reserve Commission

e. If you are experiencing emotional difficulties as a result of this action, you will be given an appointment with the Community Mental Health Service (CMHS).

5. If you choose not to request a Faculty Board, the Commandant, AHS or Commander, 32d Medical Brigade will review your case and make a recommendation to the final approving authority.

6. The Commander, AMEDDC&S (insert appropriate approval authority for ARNG, Regular Army, and RC officers in accordance with AR 600-8-24), is the final approval authority should this action result in a recommendation of relief, release from active duty, and termination of your commission.

7. Request you acknowledge receipt of this memorandum, indicating your desire for a Director's Conference, a Faculty Board Hearing, an appointment with the CMHS, and to consult with legal counsel, by signing and dating below.

FOR THE COMMANDANT:

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Class Advisor's/Program Director's/  
Company Commander's Signature

FOR (Class Advisor's/Company Commander's Rank and Name), (Academy of Health Sciences or U.S. Army Medical Department Center and School), (Street Address), Fort Sam Houston, TX 78234-XXXX

1. I acknowledge receipt of the basic memorandum.
2. I (do/do not) request a Director's Conference.
3. I (do/do not) desire a Faculty Board Hearing.
4. I (do/do not) request an appointment with the Community Mental Health Service.
5. I (do/do not) desire to consult with legal counsel.
6. I (do/do not) desire military legal counsel for representation at the Faculty Board.

---

Student's Signature and Date



6. Request you sign the enclosed Privacy Act Statement, submit any statements/testimony you wish to present to the Faculty Board, list witness(es) you plan to ask to personally appear before the Faculty

MCCS-H

SUBJECT: Convening of the Faculty Board for Academic/Nonacademic  
Relief with Potential Loss of Commission or Appointment

Board, state your desire to personally appear before the Faculty  
Board, provide the name of your legal counsel, and acknowledge receipt  
of this memorandum by signing and dating below.

FOR THE COMMANDANT:

Encl

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Faculty Board Recorder's Signature

THRU (Class Advisor's Rank and Name, Class Number, Course Number and  
Title, and Department), Academy of Health Sciences, (Street Address),  
Fort Sam Houston, TX 78234-XXXX

FOR (Faculty Board Recorder's Rank and Name), Faculty Board Recorder,  
Academy of Health Sciences, (Street Address), Fort Sam Houston, TX  
78234-XXXX

1. I acknowledge receipt of the basic memorandum and enclosures.
2. I (do/do not) desire to personally appear before the Faculty  
Board.
3. I (desire/do not desire) the opportunity to consult with legal  
counsel.
4. I (desire/do not desire) military legal counsel for  
representation.
5. I (have/have not) retained private counsel for representation, at  
my own expense.
  - a. My counsel will be (full name of counsel):  

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—
  - b. Counsel's address:  

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—
  - c. Counsel's phone number:  

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6. Statements (are/are not) submitted on my behalf and appended  
hereto. (NOTE: If you submit written statements on your behalf, then

you are required to sign and submit the enclosed Privacy Act Statement.)



MCCS-H

SUBJECT: Convening of the Faculty Board for Academic/Nonacademic  
Relief with Potential Loss of Commission or Appointment

7. Witness(es) called on my behalf will be (list name, unit/address,  
and telephone number of witness(es).):

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8. Request your assistance in obtaining the following documents  
believed to be in the government's possession (list  
documents.):\_\_\_\_\_

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Encl

nc

\_\_\_\_\_  
Student's Signature and Date



**APPENDIX U - FINAL DECISION OF THE COMMANDER, AMEDDC&S**

MCCS-Z

(DATE)

MEMORANDUM THRU

Commandant, Academy of Health Sciences, 2250 Stanley Road, Fort Sam Houston,  
TX 78234-6130

Course Director, (Class Number, Course Number and Title and Department),  
Academy of Health Sciences, (Street Address), Fort Sam Houston, TX 78234-XXXX

FOR (Student's Rank, Name, SSN, Class Number, Course Number and Title, and  
Department), Academy of Health Sciences, (Street Address), Fort Sam Houston,  
TX 78234-XXXX

SUBJECT: Final Decision of the Commander, AMEDDC&S

1. The Academy of Health Sciences' Faculty Board convened on (date) at (time), in (room number), (building number).
2. A summary of the results of the Faculty Board and my action thereon are enclosed.
3. You will report to your Company Commander, \_\_\_\_\_ Medical Battalion, 32d Medical Brigade, AMEDDC&S, in (building number), at (time), the next working day after receipt of this correspondence for further instructions.
4. Request you acknowledge receipt of this memorandum by signing below.

Encl

\_\_\_\_\_  
Commanding General's Signature

FOR (Faculty Board Coordinator's Name), Academy of Health Sciences,  
(Street Address), Fort Sam Houston, TX 78234-XXXX

I acknowledge receipt of the basic memorandum.

Encl  
wd

\_\_\_\_\_  
Student's Signature and Date



**APPENDIX V - NOTIFICATION OF DECISION FOR ACADEMIC RELIEF**

MCCS-H

(DATE)

MEMORANDUM FOR (Student's Rank, Name, SSN, Class Number, Course Number and Title, and Department), Academy of Health Sciences, (Street Address), Fort Sam Houston, TX 78234-XXXX

SUBJECT: Notification of the Decision for Academic Relief

1. This is to inform you that you have been relieved from:

---

(Class Number and Course Number and Title)

2. You may appeal this decision in writing, within 3-duty days, to the Commander, US Army Medical Department Center and School (AMEDDC&S).
3. You may request a voluntary resignation. Should you decide to appeal to the Commander, AMEDDC&S, you relinquish your option to resign. All requests for resignations must be approved by your service-specific and Reserve Component Advisor, as applicable.
4. Request you acknowledge receipt of this memorandum, indicating your desire to appeal this action, by signing and dating below.

---

Class Advisor's/Course Director's  
Signature

FOR (Class Advisor's/Program Director's Rank and Name, Class Number, Course Number and Title, and Department), Academy of Health Sciences, (Street Address), Fort Sam Houston, TX 78234-XXXX

1. I acknowledge receipt of the basic memorandum.
2. I (do/do not) wish to request a voluntary resignation.
3. I (will/will not) appeal this decision.

---

Student's Signature and Date



**APPENDIX W - NOTIFICATION OF RECOMMENDATION FOR NONACADEMIC RELIEF**

MCCS-H

(DATE)

MEMORANDUM FOR (Student's Rank, Name, SSN, Class Number, Course Number and Title, and Department), Academy of Health Sciences, (Street Address), Fort Sam Houston, TX 78234-XXXX

SUBJECT: Notification of Recommendation for Nonacademic Relief

1. This is to inform you that you are being considered for nonacademic relief for the following reason(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. If you are experiencing emotional difficulties as a result of this action, you will be given an appointment with the Community Mental Health Service.

3. You may accept/decline the right to a Brigade Inquiry. If you decline a Brigade Inquiry, the relief decision will be made by your battalion commander (or Commander, 32d Medical Brigade). If you elect a Brigade Inquiry, it will be conducted no earlier than 4-duty days from the date of this notification.

4. You have the right to consult with a military lawyer.

5. At a Brigade Inquiry, you do not have the right to representation by a military lawyer; however, you may have an individual represent you at the Brigade Inquiry if the individual voluntarily agrees.

6. At a Brigade Inquiry, you have the right to present evidence, call reasonably available witnesses, and to question witnesses called to testify at the Brigade Inquiry.

7. If you elect a Brigade Inquiry, the Commander, 32d Medical Brigade, will make the decision. If you desire, you may appeal this decision to the Commandant, AHS.

8. Request you acknowledge receipt of this memorandum, indicating your desire for a Brigade Inquiry and an appointment at the Community Mental Health Service, by signing and dating below.

\_\_\_\_\_  
Class Advisor's/Program Director's  
Signature

FOR (Class Advisor's/Program Director's Rank and Name, Class Number, Course Number and Title, and Department), Academy of Health Sciences, (Street Address), Fort Sam Houston, TX 78234-XXXX

1. I acknowledge receipt of the basic memorandum.

MCCS-H

SUBJECT: Notification of Recommendation for Nonacademic Relief

2. I (do/do not) request an appointment with the Community Mental Health Service.

3. I (accept/decline) the right to a Brigade Inquiry.

---

Student's Signature and Date



**APPENDIX X - NOTIFICATION OF DECISION ON NON-ACADEMIC RELIEF**

MCCS-H

(DATE)

MEMORANDUM FOR (Student's Rank, Name, SSN, Class Number, Course Number and Title, and Department), Academy of Health Sciences, (Street Address), Fort Sam Houston, TX 78234-XXXX

SUBJECT: Notification of Decision on Non-academic Relief

1. This is to inform you that you have been relieved from:

---

(Class Number and Course Number and Title)

2. You may appeal this decision in writing to the Commander, AMEDDC&S (or the Commandant, AHS, as appropriate) within 3-duty days.
3. Request you acknowledge receipt of this memorandum, indicating your desire to appeal this action, by signing and dating below.

---

Class Advisor/Course Director  
Signature

THRU (Class Advisor's Rank and Name, Class Number, Course Number and Title, and Department), Academy of Health Sciences, (Street Address), Fort Sam Houston, TX 78234-XXXX

FOR (Brigade Inquiry Recorder's/Company Commander's Rank and Name, Class Number, Course Number and Title, Department), Academy of Health Sciences, (Street Address), Fort Sam Houston, TX 78234-XXXX

1. I acknowledge receipt of the basic memorandum.
2. I (will/will not) appeal this decision.

---

Student's Signature and Date



**APPENDIX Y - CONVENING OF THE BRIGADE INQUIRY**

MCCS-H

(DATE)

MEMORANDUM FOR (Student's Rank, Name, SSN, Class Number, Course Number and Title, and Department), Academy of Health Sciences, (Street Address), Fort Sam Houston, TX  
78234-XXXX

SUBJECT: Convening of the Brigade Inquiry

1. The Brigade Inquiry will convene on (date) at (time), in (room number), (building number).

2. The purpose of this inquiry is to (list reason(s)): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. You have the right to seek legal consultation; however, you do not have the right to legal representation at government expense. You may hire a civilian lawyer at your own expense if desired.

4. You have the right to present evidence, call reasonably available witnesses, and to question witnesses called to testify at the Brigade Inquiry.

5. Request you acknowledge receipt of this memorandum, indicating name(s) and telephone numbers of any witness(es) you desire to testify on your behalf (those determined to be reasonably available will be called to appear), by signing and dating below.

\_\_\_\_\_  
Brigade S-1's/Company Commander's  
Signature

FOR (Brigade S-1's/Company Commander's Rank and Name, Class Number, Course Number and Title, Department), Academy of Health Sciences, (Street Address), Fort Sam Houston, TX  
78234-XXXX

1. I acknowledge receipt of the basic memorandum.

2. Witness(es) to appear on my behalf will be (list name and telephone number of witness(es).): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Student's Signature and Date



**APPENDIX Z - NOTIFICATION OF THE DECISION OF THE COMMANDER,  
32D MEDICAL BRIGADE**

MCCS-H

(DATE)

MEMORANDUM FOR (Student's Rank, Name, SSN, Class Number, Course Number and Title, and Department), Academy of Health Sciences, (Street Address), Fort Sam Houston, TX 78234-XXXX

SUBJECT: Notification of the Decision of the Commander, 32d Medical Brigade

1. This is to inform you that you have been relieved from:

---

(Class Number and Course Number and Title)

2. You may appeal this decision in writing, within 3-duty days, to the Commandant, AHS.
3. Request you acknowledge receipt of this memorandum, indicating your desire to appeal this action, by signing and dating below.

---

Class Advisor's Signature

THRU (Class Advisor's/Program Director's Rank and Name, Class Number, Course Number and Title, and Department), Academy of Health Sciences, (Street Address), Fort Sam Houston, TX 78234-XXXX

FOR (Brigade Inquiry Recorder's/Company Commander's Rank and Name, Class Number, Course Number and Title, Department), Academy of Health Sciences, (Street Address), Fort Sam Houston, TX 78234-XXXX

1. I acknowledge receipt of the basic memorandum.
2. I (will/will not) appeal this decision to the Commandant, AHS.

---

Student's Signature and Date



**APPENDIX AA - NOTIFICATION OF RECOMMENDATION FOR NONACADEMIC  
RELIEF**

MCCS-H

(DATE)

MEMORANDUM FOR (Student's Rank, Name, SSN, Class Number, Course Number and Title, and Department), Academy of Health Sciences, (Street Address), Fort Sam Houston, TX 78234-XXXX

SUBJECT: Notification of Recommendation for Nonacademic Relief

1. This is to inform you that you are being considered for nonacademic relief by the Course Director for the following reason(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. If you are experiencing emotional difficulties as a result of this action, you will be given an appointment with the Community Mental Health Service.

3. You may accept/decline the right to a Brigade Inquiry. If you elect a Brigade Inquiry, it will be conducted no earlier than 4-duty days from the date of this notification. The Brigade Inquiry will make recommendations to the course director who will make the decision.

4. You have the right to consult with a military lawyer.

5. Request you acknowledge receipt of this memorandum, indicating your desire for a Brigade Inquiry and an appointment at the Community Mental Health Service, by signing and dating below.

\_\_\_\_\_  
Class Advisor's/Program Director's  
Signature

FOR (Class Advisor's/Program Director's Rank and Name, Class Number, Course Number and Title, and Department), Academy of Health Sciences, (Street Address), Fort Sam Houston, TX 78234-XXXX

1. I acknowledge receipt of the basic memorandum.

2. I (do/do not) request an appointment with the Community Mental Health Service.

3. I (accept/decline) the right to a Brigade Inquiry.

\_\_\_\_\_  
Student's Signature and Date





**APPENDIX BB - NOTIFICATION OF THE COURSE DIRECTOR'S DECISION**

MCCS-H

(DATE)

MEMORANDUM FOR (Student's Rank, Name, SSN, Class Number, Course Number and Title, and Department), Academy of Health Sciences, (Street Address), Fort Sam Houston, TX 78234-XXXX

SUBJECT: Notification of the Course Director's Decision

1. This is to inform you that you have been relieved from:

---

(Class Number and Course Number and Title)

2. You may appeal this decision in writing, within 3-duty days, to the Commandant, AHS.
3. Request you acknowledge receipt of this memorandum as well as a copy of the Brigade Inquiry Report, also indicating your desire to appeal this action, by signing and dating below.

---

Class Advisor's/Program Director's/  
Company/Detachment Commander's  
Signature

THRU (Class Advisor's/Program Director's Rank and Name, Class Number, Course Number and Title, and Department), Academy of Health Sciences, (Street Address), Fort Sam Houston, TX 78234-XXXX

FOR (Brigade Inquiry Recorder's/Company Commander's Rank and Name, Class Number, Course Number and Title, Department), Academy of Health Sciences, (Street Address), Fort Sam Houston, TX 78234-XXXX

1. I acknowledge receipt of the basic memorandum and a copy of the Brigade Inquiry Report.
2. I (will/will not) appeal this decision to the Commandant, AHS.

---

Student's Signature and Date



**APPENDIX CC - CONVENING OF THE BRIGADE INQUIRY**

MCCS-H

(DATE)

MEMORANDUM FOR (Student's Rank, Name, SSN, Class Number, Course Number and Title, and Department), Academy of Health Sciences, (Street Address), Fort Sam Houston, TX 78234-XXXX

SUBJECT: Convening of the Brigade Inquiry

1. The Brigade Inquiry will convene on (date) at (time), in (room number), (building number).

2. The purpose of this inquiry is to determine whether you should be relieved for the following nonacademic reason(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. You have the right to seek legal consultation; however, you do not have the right to legal representation at government expense. You may hire a civilian lawyer at your own expense if desired. You may have another individual, a non-lawyer, represent you at the inquiry if the individual voluntarily agrees.

4. At the Brigade Inquiry, you have the right to present evidence, call reasonably available witnesses, and to question witnesses called to testify at the Brigade Inquiry.

5. If you elect a Brigade Inquiry, the Brigade Inquiry will forward its findings and recommendations to the course director who will make the decision.

6. Request you acknowledge receipt of this memorandum, indicating name(s) and telephone numbers of any witness(es) you desire to testify on your behalf (those determined to be reasonably available will be called to appear), by signing and dating below.

\_\_\_\_\_  
Brigade Inquiry Recorder's/  
Company Commander's Signature

FOR (Brigade Inquiry Recorder's/Company Commander's Rank and Name, Class Number, Course Number and Title, Department), Academy of Health Sciences, (Street Address), Fort Sam Houston, TX 78234-XXXX

1. I acknowledge receipt of the basic memorandum.

2. Witness(es) to appear on my behalf will be (list name and telephone number of witness(es).): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Student's Signature and Date

**GLOSSARY**

## DEFINITIONS

The following definitions apply to this regulation.

**ACADEMIC PROBATION.** Students may be put on academic probation status when their academic performance is below course standards but they have not yet met the criteria for relief from the course. Course directors define the conditions of academic probation in the course SEP. The SEPs also include how the student will be released from probation. Academic probation usually includes mandatory study halls or other opportunities to assist students to improve performance.

**ADMINISTRATIVE HOLD.** Retention of a student beyond the closing date of a course to permit completion of administrative and/or academic/nonacademic requirements for course completion or to begin follow-on training.

**APPLICATORY (PHASE 2) TRAINING.** Training conducted at Army MTFs or civilian institutions that formally completes resident AHS program of instruction.

**BRIGADE INQUIRY.** An inquiry convened by the Commander, 32d Medical Brigade/Troop Commander, to review recommendations initiated for the nonacademic relief of an enlisted or officer candidate student.

**HOLD STATUS.** Status of a student assigned or attached for the purpose of attending a course of instruction, but who is temporarily removed from training for medical, compassionate, or other administrative reasons.

**CLASS ADVISOR.** The individual responsible to the course/program director for monitoring the academic performance of students in a specific course.

**CLINICAL DIRECTOR.** The individual at the Phase 2 training sites to which authority and responsibility for clinical training has been delegated by the AHS Resident Course Director and the Commander, MEDCEN or MTF. Services as the Class Advisor in initiating recommendations for change in student status (probation/recycle/relief); initiated AMEDDC&S & FSH Form 29 for Phase 2 student actions.

**COURSE DIRECTOR.** The department/branch chief, to whom authority has been delegated by the Commandant, AHS, for planning, developing, coordinating, revising, and conducting courses of instruction under that department's proponentcy. The course director will:

a. Ensure all multi-phased, numbered courses within their department maintain a Clinical Training Annex which is designed to provide more specific guidance to each training site.

b. Develop and administer course SEPs IAW AMEDDC&S regulation 351-19.

c. Ensure course curriculum committee meetings, program of instruction revisions, and the development of lesson plans are administered IAW AMEDDC&S regulations 351-1, 351-2, and TRADOC Regulation 350-70.

d. Ensure student counseling is conducted IAW AMEDDC&S this regulation.

**COMMANDANT.** The title "Commandant" applies to the Dean of the Academy of Health Sciences.

**DIRECTOR'S CONFERENCE.** Conference held between a student and course director or his/her designee to discuss extenuating and/or mitigating circumstances impacting on the proposed action.

**ENROLLMENT.** Occurs when a class roster is received by the TMB, DASQA, AHS, from the responsible inprocessing activity.

**EXTERNAL COURSE.** Any AMEDD-numbered course conducted in an informal institutional setting external to the school (i.e., unit training, correspondence courses).

**FACULTY BOARD.** A board convened, under the procedures of this regulation (Chapters 7, 10, or 11), to review the performance of an officer student. Please note that a Faculty Board is not the same as a Board of Inquiry, which is conducted under the provisions of AR 600-8-24, Chapter 4.

**NEW START.** IMT students who are recycled either to the beginning of another class or to a point within an existing class; in both cases, student remains in the same MOS.

**PROGRAM DIRECTOR.** The individual to whom authority has been delegated by the course director for the conduct of a course of instruction.

**RECYCLE.** The removal of a student (other than an IMT student) from a course for the purpose of reenrollment in a later iteration to repeat either the entire course or a portion of it.

**RECYCLE/NEW START TIME.** The number of calendar days elapsing between a student's formal removal from a course and reinstatement in a subsequent iteration.

**RELIEF.** The dismissal of a student from a course for academic or nonacademic reasons.

**REMEDIAL TRAINING/RETEST.** Any student earning less than the established standard in the SEP will be taught and retested one time on critical tasks as specified in AR 351-1, Individual Military Education and Training, and TRADOC regulation 350-10, Institutional Leader Training and Education. Remedial training/retest must cover all objectives on which minimum standards of performance were not met initially IAW AMEDDC&S regulation 351-10, Student Achievement Recognition.

**RETRAINEE.** The resumption of training by an individual in another course.

**RETRAINING (IET).** Refers to an IMT soldier failing to qualify for an MOS after the first training assignment being considered for retention in a second MOS.

**RESIDENT COURSE.** Any AMEDD-numbered course taught in whole or part in a formal institutional setting. Included in this category are courses taught at AHS, USASAM, various MEDCOM MTFs, and other training locations where AHS has course proponentcy or agreements with other service schools (e.g., Phase 2 instructional sites).



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